

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance; TCHBURG CITY CLERK File with: City or Town Clerk or Election Commission Please print or type all information, except signatures. 2012 Fill in dates: 2011 Month Ending Reporting Period Beginning Type of report: (Check one) ☐8th day preceding election ☐30 day after election Kyear-end report dissolution ☐8th day preceding preliminary MINORAN Committee Name Full Name of Candidate (if applicable) WAKD Office Sought and District Name of Committee Treasurer Residential Address Committee Mailing Address Tel. No. (optional) Tel. No. (optional)

SUMMARY BALANCE INFORMATION	N:		•
Line 1: Ending balance from previous report	\$	Ø	
Line 2: Total receipts this period (page 2, line 11)	\$	<u>B</u>	
Line 3: Subtotal (line 1 plus line 2)	\$	<u>Ø</u>	
Line 4: Total expenditures this period (page 3, line 14)	\$	Ø	
Line 5: Ending balance (line 3 minus line 4)	\$	Ø	
Line 6: Total in-kind contributions this period (page 4)	\$	Ø	<u>.</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$	_ <i>\begin{align*}</i>	
Line 8: Name of bank(s) used Workers Creo	17	UNION	

Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55: Signed under the penalties of perjury: Treasurer's signature (in ink)

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

FOR CANDIDATE FIDINGS GNEET (CA.D.D.A.D.M.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee Certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaig finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.O.L. c. 55. I have not received an contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Contributions, incurred any natural sets must be considered and the contributions, incurred any natural sets and any contributions, incurred any natural sets and any natural sets of must be considered and sets of must be considered and sets of must be contributions and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:

Candidate signature (in ink)

12/31/2012

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only Hemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amoun	Occupation & Employer (for contributions of \$200 or more)		
	•				
•					
·					
	· · · · · · · · · · · · · · · · · · ·				
		•			
Line 9:	Total receipts in excess of \$50 (or listed above)	10			
Line 10:	Total receipts \$50 and under* (not listed above)	10/			
Line 11:	TOTAL RECEIPTS IN THE PERIOD ve itemized receipts of \$50 and under include them in	9	Enter on page 1, line 2		

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
.				
-			·	
·				
		·		
			e percentar	
	.1	Line	12: Expenditures over \$50	8
•	Enter on page 1, line 4		13: Expenditures \$50 and under 14: TOTAL EXPENDITURES	

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			·	
		Line 15:	In-kind over \$50	
	,	Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
				
			•	

Enter on page 1, line 7		Line 18: OUTSTANDING L	IABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4